



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

08/31/2009

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NJR000020909
INSTALLATION NAME: BRISTOL-MYERS SQUIBB CO
INSTALLATION ADDRESS: 311 PENNINGTON-ROCKY HILL RD
PENNINGTON, NJ 08534
MAILING ADDRESS: PO BOX 5400
PRINCETON, NJ 08543-5400

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel: (212) 637-4106
Fax: (212) 637-4437

TO: BRISTOL-MYERS SQUIBB CO
or Current Occupant
ATTN: AMY LANTERMAN
PO BOX 5400
PRINCETON, NJ, 08543-5400

**SEND COMPLETED
FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for
Submittal
(See instructions
on page 13.)**MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)****EPA ID Number**

N | J | R | 0 | 0 | 0 | 0 | 2 | 0 | 9 | 0 | 9 |

**3. Site Name
(page 14)**

Name: BRISTOL-MYERS SQUIBB COMPANY

**4. Site Location
Information
(page 14)**

Street Address: 311 PENNINGTON-ROCKY HILL ROAD

City, Town, or Village: PENNINGTON

State: NJ

County Name: MERCER

Zip Code: 08534

**5. Site Land Type
(page 14)**Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the
Site (page 14)**

A.

3 | 2 | 5 | 4 | 1 | 2 |

B.

| | | | | | |

C.

| | | | | | |

D.

| | | | | | |

**7. Site Mailing
Address
(page 15)**

Street or P. O. Box: P.O. BOX 5400

City, Town, or Village: PRINCETON

State: NJ

Country: USA

Zip Code: 08543-5400

**8. Site Contact
Person
(page 15)**

First Name: AMY

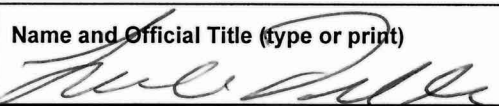
MI: P

Last Name: LANTERMAN

Phone Number: 609.818.5478 Extension:

Email address:
AMY.LANTERMAN@BMS.COM**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)**A. Name of Site's Operator:
BRISTOL-MYERS SQUIBB COMPANYDate Became Operator (mm/dd/yyyy):
07/03/1997Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ OtherB. Name of Site's Legal Owner:
BRISTOL-MYERS SQUIBB COMPANYDate Became Owner (mm/dd/yyyy):
07/03/1997Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

9. Legal Owner (Continued) Address	Street or P. O. Box: 345 PARK AVENUE City, Town, or Village: NEW YORK State: NY Country: USA Zip Code: 10154																	
10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)																		
A. Hazardous Waste Activities Complete all parts for 1 through 6.																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies. <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 6. Underground Injection Control</p> </div> </div>																		
<div style="display: flex;"> <div style="width: 50%;"> <p>B. Universal Waste Activities</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste mark all boxes that apply:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 80%;"></th> <th style="text-align: center; width: 20%;"><u>Manage</u></th> </tr> </thead> <tbody> <tr><td>a. Batteries</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>b. Pesticides</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>c. Mercury containing equipment</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>d. Lamps</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>e. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>f. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>g. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.</p> </div> <div style="width: 50%;"> <p>C. Used Oil Activities Mark all boxes that apply.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 1. Used Oil Transporter If "Yes", mark each that applies. <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies. <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Used Oil Fuel Marketer If "Yes", mark each that applies. <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> </div> </div>				<u>Manage</u>	a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Mercury containing equipment	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>
	<u>Manage</u>																	
a. Batteries	<input type="checkbox"/>																	
b. Pesticides	<input type="checkbox"/>																	
c. Mercury containing equipment	<input type="checkbox"/>																	
d. Lamps	<input type="checkbox"/>																	
e. Other (specify) _____	<input type="checkbox"/>																	
f. Other (specify) _____	<input type="checkbox"/>																	
g. Other (specify) _____	<input type="checkbox"/>																	

11. Description of Hazardous Wastes (See instructions on page 21.)						
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D001	D002	D003	D004	D005	D007	D008
D009	D010	D011	D018	D019	D022	D028
D035	D038	D039	D040	F002	F003	F005
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						
12. Comments (See instructions on page 21.)						
90 - DAY STORAGE AREAS LOCATED IN BUILDINGS 18 AND 17						
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)						
Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)  LOUIS A. FEDELE, VICE PRESIDENT FACILITIES					Date Signed (mm/dd/yyyy) 8/29/09

EPA ID NO: NJR000020909

11.A. Additional Waste Codes for Federally Regulated Hazardous Waste

U002

U003

U006

U007

U009

U031

U044

U080

U112

U115

U117

U122

U123

U133

U135

U138

U154

U188

U213

U220

U226

U236

U239

U246

U353

U404

P010

P030

P042

P075

P087

P105